

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JAMES A. ENGLE**

Mailing Address 75 WOODLAND AVE

City	State	Zip Code
SUMMIT	NJ	07901-2112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHN W. BRISTOL & COMPANY, INC.**

Occupation  
**INVESTMENT ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.130276**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		28		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**B. Full Name (Last, First, Middle Initial)**

**HON. JOHN ENGLER**

Mailing Address 6470 KEDLESTON CT  
STE 800

City	State	Zip Code
MCLEAN	VA	22101-1711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUSINESS ROUNDTABLE**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.124365**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		10		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**MR. KURT W. ENGLER**

Mailing Address 1520 MINTHAVEN RD

City	State	Zip Code
LAKE FOREST	IL	60045-3503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**W.L. ENGLER DISTRICT INSURANCE**

Occupation  
**VICE PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.126928**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

3700.00

**Total This Period (last page this line number only)**.....